



# CITY OF GILLETTE STORMWATER PERMIT CERTIFICATE OF TERMINATION (COT)



## 1. PERMITTEE INFORMATION

Permit Number:			
Name:		Position Title:	
Mailing Address:		City:	State: Zip:
Telephone Number:	Fax Number:		Email Address:

## 2. DESCRIBE THE SITE CONDITIONS

Has Final Stabilization been established as per the SWPPP?	
Yes <input type="checkbox"/>	No <input type="checkbox"/> → If answering "No", the Stormwater Permit cannot be terminated

I certify under penalty of law that the activities in the permit described above are complete and the site is finally stabilized in accordance with City of Gillette Code and with the approved Stormwater Pollution Prevention Plan (SWPPP). I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information; I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
Permittee Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Representative

\_\_\_\_\_  
Date

### Official Use Only

Date Received:

Date of Final Inspection:

Passes Inspection: YES NO